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		Application Number	09/654,735			
TRANSMITT	AL	Filing Date	September 5, 2002			
FORM (to be used for all correspondence after initial filing)		First Named Inventor				
		Group Art Unit	1711			
		Examiner Name	R. Sergent			
Total Number of Pages in This Submissi	ion	Attorney Docket Number				
	ENCLOS	URES (check all that ap	ply)			
X Fee Transmittal Form	Assignme (for an A	ent Papers pplication)	After Allowance Communication to Group			
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences			
X Amendment / Response	Licensing	-related Papers	Appeal Communication to Group			
After Final	Petition F and Acco	Routing Slip (PTO/SB/69) Impanying Petition	Proprietary Information			
Affidavits/declaration(s)	Petition to Provisiona	o Convert to a al Application	Status Letter			
Extension of Time Request	Power of Change of Address	Attorney, Revocation f Correspondence	Additional Enclosure(s) (please identify below):			
Express Abandonment Request	/	Disclaimer	Return postcard			
X Information Disclosure Statement	Small Ent	ity Statement	PTO-1449 and cited reference			
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Incomplete Application required und		oner is hereby authorized to charge any additional fees 37 C.F.R. Section 1.16 and Section 1.17 and credit any				
Response to Missing Parts under 37 CFR 1.52 or 1.53	erpayments to	o account no. 23-0925.	·			
	OF ARRUS	ANT ATTORNEY OF				
Firm	OF APPLICA	ANT, ATTORNEY, OR A	AGENT			
Individual name James E. Lake; Res	g No 44 8	854: Wells St. John I) C			
Signature 2	<u>5:110: 17,0</u>	194, Wells St. John F	7.5.			
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FEE TRANSMITTA for FY 2000

Patent fees are subject to annual revision.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$) 290.00

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Complete if Known			
Application Number	09/654,735		
Filing Date	September 5, 2000		
First Named Inventor	Donald R. Titterington		
Examiner Name	R. Sergent		
Group / Art Unit	1711	_	
Attorney Docket No.	D/A0306II	_	

1.	METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					
Code (\$) Code (\$)	1. X The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: 3. ADDITIONAL FEES Large Entity Small Entity						
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Name (Print/Type) James E. Lake Signature Registration No. (Attorney/Agent) 44,854 Telephone US-509-624-4276 Date 16 Sep 2003	SUBTOTAL (2) (\$) 0.00	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 290					
Name (Print/Type) James E. Lake Signature Registration No. (Attorney/Agent) 44,854 Telephone US-509-624-4276 Date 16 Sep 2003	SUDMITTED BY						
Signature James E. Lake (Attorney/Agent) 44,854 Telephone US-509-624-4276 Date 16 Sep 2003	Name (Print/Type) I						
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